

Cambridgeshire County Council

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

ADMINISTRATIVE COUNTY OF CAMBRIDGE

FOR THE YEAR 1954

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Table 1. Causes of Death at Different Periods.

HEALTH COMMITTEE

as at December 31st, 1954

Chairman—Alderman R. Ellis*†

Alderman	M. Carter*†§	Councillor	E. Farmer†
„	L. M. H. Clark*†§	„	H. Hartley*
„	E. G. G. Frost*†	„	E. Hepher*§
„	E. W. Parsons†	„	F. H. Jeeps
„	C. D. Rackham*§	„	H. R. Mallett†§
„	R. H. Parker*†	„	J. A. Patterson†
Councillor	F. Bennett†	„	C. Walston*†
„	J. A. Day†	„	R. E. Way
„	P. F. Dennard†	„	C. Webb*
		„	E. Whitehead†

Chairman of the City M.C.W. Sub-Committee.

Vice-Chairman of the City M.C.W. Sub-Committee.

Dr. A. Brown* } Nominated by the Cambridgeshire Local Medical
Dr. D. Cameron† } Committee.

Miss D. K. Bell* Nominated by the Royal College of Nursing.

*Member of Maternity and Child Welfare Sub-Committee.

†Member of Mental Health Sub-Committee.

§Member of Home Help Service Sub-Committee.

The following were co-opted members of the Mental Health Sub-Committee:—

Mrs. H. A. Adrian, Mrs. E. Blackman, Mrs. E. Rawdon Briggs, Mrs. R. Rootham, Mrs. H. Wilson.

The following constituted the City Maternity and Child Welfare Sub-Committee:—

Appointed by the City Council:—

The Mayor (Chairman)†§, Mr. F. Bailey, Mr. E. H. Cherry§, Mr. J. B. Collins, Mrs. P. Clarke, Mrs. M. E. Henn (Vice-Chairman), Mrs. L. A. Thompson§, Mr. G. Wilding.

Appointed by the County Health Committee:—

Alderman M. Carter, Alderman C. D. Rackham, Councillor E. Hepher.

Co-opted Members:—

Mrs. D. Greaves, Mrs. E. Patterson§, Dr. M. G. P. Reed.



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VITAL STATISTICS AND INCIDENCE OF INFECTIOUS DISEASE

The following figures set out the principal facts relating to the Administrative County for the year 1954 and for the two previous years.

Population (Registrar General's Estimates):

			1952	1953	1954
Administrative County	..	..	176,300	177,100	179,700
Cambridge	..	..	90,740	90,910	91,460
Rural Districts	..	..	85,560	86,190	88,240
Chesterton	..	..	39,370	39,450	40,290
Newmarket	..	..	20,120	20,110	20,180
South Cambridgeshire	..	..	26,070	26,630	27,770

Births (live):

Administrative County	Number	..	2,570	2,771	2,506
	Rate per 1,000		14.6	15.6	13.9
Cambridge	Number	..	1,302	1,314	1,171
	Rate per 1,000		14.3	14.5	12.8
Rural Districts	Number	..	1,268	1,457	1,335
	Rate per 1,000		14.8	16.9	15.1
Chesterton	Number	..	597	623	594
	Rate per 1,000		15.2	15.8	14.7
Newmarket	Number	..	279	334	314
	Rate per 1,000		13.9	16.6	15.6
South Cambridgeshire	Number	..	392	500	427
	Rate per 1,000		15.0	18.8	15.4

Illegitimate Births:

Administrative County	Number	..	126	128	128
	Rate per cent live births		4.9	4.6	5.1
Cambridge	Number	..	80	80	77
	Rate per cent live births		6.1	6.1	6.6
Rural Districts	Number	..	46	48	51
	Rate per cent live births		3.6	3.3	3.8

Still Births:

Administrative County	Number	..	56	58	66
	Rate per 1,000 total births		21.3	20.5	25.7
Cambridge	Number	..	29	25	29
	Rate per 1,000 total births		21.8	18.7	24.2
Rural Districts	Number	..	27	33	37
	Rate per 1,000 total births		20.8	22.1	27.0

Deaths:

Administrative County	Number	..	1,855	1,807	1,970
	Rate per 1,000 population		10.5	10.2	11.0
Cambridge	Number	..	913	887	946
	Rate per 1,000 population		10.6	9.8	10.3
Rural Districts	Number	..	942	920	1,024
	Rate per 1,000 population		11.0	10.7	11.6

Infant Deaths:

Administrative County	Number	..	41	54	61
	Rate per 1,000 live births		16.0	19.5	24.3
Cambridge	Number	..	24	31	25
	Rate per 1,000 live births		18.4	23.6	21.3
Rural Districts	Number	..	17	23	36
	Rate per 1,000 live births		13.4	15.8	27.0

Maternal Deaths:

Administrative	Number	.. ..	1	1	2
County ..	Rate per 1,000 total births	0.38	0.35	0.78	
Cambridge ..	Number	.. ..	Nil	Nil	1
Rural Districts	Rate per 1,000 total births	Nil	Nil	0.83	
	Number	.. ..	1	1	1
	Rate per 1,000 total births	0.77	0.67	0.73	

*Tuberculosis Deaths:**Pulmonary:*

Administrative	Number	.. ..	31	25	13
County ..	Rate per 1,000 population	0.18	0.14	0.07	
Cambridge ..	Number	.. ..	18	10	7
Rural Districts	Rate per 1,000 population	0.20	0.11	0.08	
	Number	.. ..	13	15	6
	Rate per 1,000 population	0.15	0.17	0.07	

Non-pulmonary:

Administrative	Number	.. ..	7	3	4
County ..	Rate per 1,000 population	0.04	0.02	0.02	
Cambridge ..	Number	.. ..	2	2	2
Rural Districts	Rate per 1,000 population	0.02	0.02	0.02	
	Number	.. ..	5	1	2
	Rate per 1,000 population	0.06	0.01	0.02	

All forms:

Administrative	Number	.. ..	38	28	17
County ..	Rate per 1,000 population	0.22	0.16	0.09	
Cambridge ..	Number	.. ..	20	12	9
Rural Districts	Rate per 1,000 population	0.22	0.13	0.10	
	Number	.. ..	18	16	8
	Rate per 1,000 population	0.21	0.18	0.09	

Cancer Deaths:

Administrative	Number	.. ..	337	324	349
County ..	Rate per 1,000 population	1.9	1.8	1.9	
Cambridge ..	Number	.. ..	171	161	178
Rural Districts	Rate per 1,000 population	1.9	1.8	1.9	
	Number	.. ..	166	163	171
	Rate per 1,000 population	1.9	1.9	1.9	

The estimated rise in the total population is more than three times as great as the rise between 1952 and 1953 and once again the greater part was in the rural area, principally in South Cambridgeshire. The rise in Newmarket Rural District was negligible and the population appears to have reached a static position there.

There was a considerable fall in the birth rate in the County as a whole and this affected the City and the rural area almost equally. In the latter, however, it was much more marked in South Cambridgeshire than elsewhere. The fall there follows a marked rise between 1952 and 1953 which it may be remembered was thought possibly to be due to a failure to operate the arrangements for the transfer of births taking place at Wimpole Park Hospital to the full extent. Perhaps the position as to this has now been rectified with a resulting change in the opposite direction.

The illegitimate birth rate shows a rise over the County as a whole and the figures in both City and rural area were as high as those for the year 1951.

The still birth rate rose to approximately the same extent in both City and rural area, the figure in the latter being the highest since 1949. No explanation is apparent and it may be hoped that the position will once again alter for the better in subsequent years.

The general death rate rose over the whole County but not to such an extent as to be of any significance. In any case the crude general death rate is not a very reliable index of the health conditions of an area and with a gradually ageing population is almost certain to show a rising tendency over a long term of years. The use of the comparability factor provided by the Registrar General produces a standard rate of 8.9 in Cambridge and 10.0 in the rural area.

The infant mortality rate rose in the County as a whole, but this was due entirely to a considerable rise in the rural area while in the City there was a small fall. It may be remembered that the reports for the two previous years stressed the extremely low figures of the rural area in this respect, and the fact that there was a rise in 1954 need occasion no great surprise. There was one death from diarrhoea in the City, but none in the rural area while on the other hand, as against 2 deaths from pneumonia in the City, there were 5 in the rural area. One death in the City and one in the rural area were each classified as due to "other infective and parasitic diseases" so that there were ten deaths in the Administrative County of an infective and presumably preventable nature as against four in the same category in the previous year. In addition one death in each area was classified as due to "all other accidents" (i.e. other than motor vehicle accidents) which may be taken to mean that they were of traumatic origin, making two more of a preventable nature. There were 9 deaths from congenital malformations as against 13 in the previous year and 36 from "other defined and ill defined diseases" as against 31 in the previous year. Without further information as to actual causes, no comment is possible on this last group, the largest of all.

Of the total of 61 infant deaths, 46 took place in children less than four weeks old, 17 in the City and 29 in the rural area. Through the kindness of the Medical Officer of Health of the Rural Districts it has been possible to ascertain that 13 of the 29 deaths were caused by prematurity so that an elucidation of the cause of this condition might provide the means of reducing the death rate at this age. Better ante-natal care might help and in four of the total deaths, including one from prematurity, there are indications of possible failure in this respect. On the other hand when some of the details of congenital malformation revealed by the individual death certificates are perused, the fact that the child's life was not saved can hardly be regarded as disadvantageous.

The position as to maternal deaths was rather less bright than it has been in other recent years as there was one death in both the City and rural area. The old sub-division of these deaths into those from sepsis and those from other causes is not now made by the Registrar General, but it is known that the death in the rural area was from a cause other than sepsis while the death allocated to the City cannot be identified. For what it is worth these two deaths produce a death rate for the County as a whole of 0.78 as against 0.35 in the previous year but the fact that

rates compiled from such small figures are comparatively meaningless may perhaps bear repetition.

The death rate from pulmonary tuberculosis was by far the lowest on record, being about half that of 1951, the previous best. Both the City and rural area had this fortunate experience, the death rate being of a similar level in each.

The death rate from non-pulmonary tuberculosis was the same as that of the previous year in the Administrative County and the City where no lower figure has been recorded, but in the rural area it was twice that of 1953. The same remarks apply to this rate as have already been made in connection with the maternal death rate since the actual numbers concerned are very low. The low non-pulmonary rates combined with the record low pulmonary rates had the effect of producing a record low rate from all forms for the County as a whole and for each of the two constituent areas.

The slight fall in the number of deaths from cancer noted in 1953 was not maintained in 1954. Actually there were 25 more such deaths in the Administrative County than there were in 1953, 17 more in the City and 8 more in the rural area. Out of the total of 349 cancer deaths, 26 took place at ages below 45, 6 more than in the previous year, and 140 at ages below 65 as against 126 in 1953. The number of deaths from cancer of the lung and bronchus rose from 51 to 64, a record high figure.

The incidence of the principal infectious diseases in the year 1954 and the two previous years is shown below:—

			1952	1953	1954
Scarlet Fever ..	..	..	160	219	183
Diphtheria ..	..	..	5	—	—
Enteric Fever (including paratyphoid) ..			2	—	2
Smallpox ..	..	..	—	—	—
Cerebro-spinal Fever ..			2	3	5
Pneumonia ..	..	..	59	94	63

None of the above figures calls for special comment. The incidence of scarlet fever has declined somewhat but the incidence of that disease is of a fluctuating nature and such a decline is no indication of a permanent trend.

It is satisfactory to be able to report that the very high incidence of poliomyelitis which occurred in 1953 was not repeated in 1954. As a matter of fact, the six cases notified represent the lowest incidence for several years and were equally distributed between the City and the rural area. Newmarket Rural District escaped completely. Of the six notified cases, three displayed no paralytic symptoms. It should perhaps be emphasised that in spite of positive pronouncements as to the channels of spread of infection in this disease our ability to control it cannot be said to have increased and short of the discovery of some satisfactory means of general immunisation the danger of sudden large outbreaks remains.

Diphtheria Immunisation.—The arrangements in force in the City and in the rural area have been fully described in previous Reports and there was no change in 1954. The following figures show the work done in the infant welfare centres of the rural area:—

	<i>Children Treated</i>					
Abington	12
Balsham	13
Barrington	6
Bassingbourn	22
Bottisham	27
Bourn	2
Burwell	20
Castle Camps	7
Cheveley	7
Chippenham	4
Coton	5
Cottenham	—
Croydon	3
Dullingham	14
Duxford	27
Elsworth	7
Fordham	—
Fowlmere	9
Fulbourn	22
Gamlingay	—
Girton	9
Gt. Shelford	56
Gt. Wilbraham	10
Harston	22
Histon	—
Isleham	18
Linton	15
Longstanton	7
Melbourn	13
Sawston	22
Soham	—
Steeple Morden	28
Swavesey	32
Waterbeach	19
Wicken	—
Willingham	18
					Total	476

In addition, 109 children in attendance at infant welfare centres received "booster" doses to reinforce the effect of injections given in earlier years.

Records were received in respect of an additional 594 children of under school age living in the rural area who were immunised in their own homes or in the surgeries of medical practitioners, making a total of 1,179 immunised under school age with a further 30 children of school age. There were also 264 "booster" doses given in places other than infant welfare centres.

In the City of Cambridge a total of 1,094 children of under school age and 36 children of school age were immunised in clinics or otherwise. There were 1,515 "booster" doses given in the City.

Vaccination against Smallpox.—Records were received as shown hereunder for the year 1954:—

			Vaccinated	Re-vaccinated
Under 1 year ..	..	..	1,492	—
Age 1-4 ..	..	..	91	15
Age 5-15 ..	..	..	40	43
Over 15 ..	..	..	105	454
			—	—
			1,728	512
			—	—

The total number of vaccinations shows a very slight fall as compared with the figure for the previous year and this is mainly due to a fall in the number of children under one year of age who have been vaccinated. As the number of births has fallen also, however, the percentage of children vaccinated has risen somewhat, namely from 56 to 59.5. Once again it may be pointed out that this is not altogether an unsatisfactory figure as compared with those of earlier years and as compared with those of many other areas of the country but perhaps it should be made clear that it is not a strictly accurate one since the number of children vaccinated in the calendar year consists partly of children born in the previous year. The number of re-vaccinations has risen somewhat, the rise having occurred entirely in adults.

MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES

The following paragraphs give the details separately for the City of Cambridge and the rural area of the County.

City of Cambridge.

During 1954 five whole time midwives notified their intention to practise outside hospitals of whom three were employed by the Authority, one was in domiciliary private practice and one was in a nursing home.

The midwives employed by the Authority attended 120 confinements as midwives and 87 confinements as maternity nurses under the direction of medical practitioners, 24 more in the former category than in the previous year and 15 less in the latter. The midwife in private practice attended 42 confinements as a midwife and 39 as a maternity nurse as against a total of 58 as a midwife and 31 as a maternity nurse in the previous year.

The three midwives employed by the Authority and the midwife in domiciliary private practice were all qualified to administer gas and air analgesia, the total number of cases being 207, 22 more than in the previous year.

Pethidine was used as an analgesic in labour in 138 cases as against 157 in the previous year.

Midwives working outside hospitals found it necessary to summon medical aid in 34 cases, in 31 of which the practitioner concerned had already arranged to provide the patient with maternity medical services under the National Health Service Act.

The total number of births notified in the City during the year was 2,111 including 70 stillbirths but when these numbers are adjusted by the subtraction of births to women normally resident outside the City of Cambridge and the addition of births taking place outside Cambridge in the case of women normally resident there, the figures relating to Cambridge women are 1,194 including 30 stillbirths.

At the combined ante-natal and post natal clinic 72 women made 221 attendances in 1954. Eleven women attended for post-natal examination involving 12 attendances. These figures follow the falling tendency in attendances at the clinic which has been noted for some years now.

Premature Infants.—There were 6 live births of children with a birth weight of less than $5\frac{1}{2}$ lbs. which took place in their own homes during 1954. The total number of premature births in the area was 77, the remainder having taken place in hospital. Three of the children born at home weighed between 4 lb. 6 oz. and 4 lb. 15 oz. and the other 3 weighed between 4 lb. 15 oz. and 5 lb. 8 oz. All survived more than 28 days but two were transferred to hospital at some time during the period.

In addition there were 9 premature stillbirths of which only 1 took place at home.

Illegitimate Infants.—The Council continued its contribution of £150 per annum to the funds of the Cambridge Association for Social Welfare (previously the Association for the Care of Girls) for work in the City of Cambridge during 1954.

Health Visiting.—The number of visits paid by Health Visitors in the City of Cambridge during 1954 was as follows:—

To children under 1 year ..	1st visits ..	1,274
	Total visits ..	6,623
To children aged 1-5 ..	Total visits ..	7,902
To expectant mothers ..	1st visits ..	173
	Total visits ..	315

Infant Welfare Centres.—The nine infant welfare centres continued their work during 1954. A total of 52 sessions per month was held and 3,049 children attended. At the end of the year 843 children were still under the age of 1 year. The number of children under the age of 1 year who first attended a centre during the year was 939. The total attendances by children of all ages was 20,673.

Day Nurseries.—The two day nurseries in the City operated only for the first half of 1954 and on the 30th June the Young Street Day Nursery was closed. The result was that at the end of the year there was only one day nursery in existence in the City providing 14 places for children aged 0-2 years and 24 places for children aged 2-5 years. The average daily attendance during the year at Sedley Day Nursery was 11 children below the age of 2 years and 24 full-time and 2 part time children between the ages of 2 and 5 years. For the first six months of the year there was an average daily attendance of 30 full-time and 1 part-time children between the ages of 2 and 5 years at Young Street Day Nursery.

Rural Area.

In the rural area notification of intention to practise was received from 48 midwives or maternity nurses of whom 33 were known to be in practice at the end of the year.

Midwives attended 384 confinements during the year, 108 less than in the previous year, acting as midwives only in 237 cases and as maternity nurses under medical direction in 147. All of these confinements were attended by midwives employed by the Authority.

In addition to attendance at confinement midwives attended 506 cases which had been confined in hospital and discharged before the 14th day.

At the end of the year there were 32 midwives qualified to administer gas and air analgesia representing all but one of those in the full time employ of the Authority. The number of cases in which the method was used was 292 as against 342 in the previous year.

Pethidine was administered in 130 cases.

Midwives found it necessary to summon medical aid in 83 cases, in 64 of which the practitioner concerned had arranged to provide the patient with maternity services under Part IV of the National Health Service Act.

The total number of births belonging to the rural area which were notified during 1954 was 1,326 including 39 stillbirths. This figure includes transferred notifications of which the bulk comprised babies born in hospitals or nursing homes in Cambridge and Newmarket.

The number of women examined ante-natally by medical practitioners of their own choice under the arrangements provided by the County Council was 13 as against 39 in the previous year and the number examined post-natally was 7 as against 17 in the previous year. These figures maintain the fall which has now been in evidence for several years. It is, of course, due to the fact that many more women are engaging medical practitioners under Part IV of the National Health Service Act. The following are details of the examinations carried out:—

Ante-natal examinations at or about the 16th week:

To be delivered by midwife	To be transferred to doctor	Referred to hospital	Consultant's opinion required	Institutional delivery recommended
5	—	1	—	1
Ante-natal examinations at the 32nd-36th week:				
12	—	—	—	—

Post-natal examinations at 10th-14th day:

Cases taken normal course	Treatment required (excluding dental treatment)	Treatment being obtained	Reference to hospital desirable
4	2	2	—
Post natal examinations at about the 6th week:			
2	—	—	—

Premature Infants.—The number of infants born at home in the rural area with a birth weight of $5\frac{1}{2}$ lbs. or less was 12. Of these, 1 had a birth weight of less than 3 lb. 4 oz., 4 between 3 lb. 4 oz. and 4 lb. 6 oz., 3 between 4 lb. 6 oz. and 4 lb. 15 oz. and 4 between 4 lb. 15 oz. and 5 lb. 8 oz. The

child with the lowest birth weight and one of those in the group 4 lb. 6 oz. to 4 lb. 15 oz. required transfer to hospital. All of the others remained at home and all but one survived more than 28 days. The child who did not survive died within 24 hours and of the two admitted to hospital, the child with the lowest birth weight died within 24 hours but the other survived more than 28 days. There were no premature births in nursing homes.

The rural area was credited with 52 premature live births which took place in hospital of which 42 survived for 28 days and 4 died within 24 hours.

There were 24 premature stillbirths credited to the rural area of which 16 took place in hospital.

Illegitimate Infants.—The arrangements for illegitimate infants in the rural area remained unchanged from those of the previous year.

Health Visiting.—The following are the numbers of visits paid by Health Visitors to children under the age of five:—

To children under 1 year ..	1st visits ..	1,341
	Total visits ..	14,419
To children aged 1-5 ..	Total visits	14,406

Infant Welfare Centres.—The number of infant welfare centres in the rural area remained unchanged during 1954 at 36. The number of children who attended during the year was 2,565 of whom 716 were still under the age of 1 year at the end of the year. Nine hundred and seven new children who were under the age of 1 year at the date of their first attendance visited the centres. The total number of attendances made by children under the age of 1 year was 6,324 and by children over the age of 1 year was 6,672.

The following figures give details of the work done at individual centres:—

		New cases under 1 year	Total in attendance
Abington	..	.. 13	60
Balsham	..	.. 21	74
Barrington	..	.. 9	16
Bassingbourn	..	.. 38	139
Bottisham	..	.. 39	95
Bourn	..	.. 19	81
Burwell	..	.. 31	105
Castle Camps	..	.. 6	24
Cheveley	..	.. 14	31
Chippenham	..	.. 3	20
Coton	..	.. 13	48
Cottenham	..	.. 20	60
Croydon	..	.. 1	6
Dullingham	..	.. 23	100
Duxford	..	.. 48	114
Elsworth	..	.. 24	62
Fordham	..	.. 25	53
Fowlmere	..	.. 25	60

Fulbourn	..	..	31	77
Gamlingay	..	..	20	52
Girton	..	..	36	99
Gt. Shelford	..	..	59	66
Gt. Wilbraham	..	..	7	24
Harston	..	..	38	97
Histon	..	..	22	67
Isleham	..	..	18	44
Linton	..	..	24	48
Longstanton	..	..	32	117
Melbourn	..	..	22	72
Sawston	..	..	47	164
Soham	..	..	16	47
Steeple Morden	..	..	32	87
Swavesey	..	..	53	161
Waterbeach	..	..	43	102
Wicken	..	..	13	28
Willingham	..	..	22	65

Dental Treatment of Mothers and Young Children.—In the Autumn of 1954 a third full time Dental Surgeon was appointed for the rural area but the arrears of school work were such that it was not possible to contemplate work for mothers and young children before the end of the year and in the early part of 1955 the newly appointed Dentist left the service leaving the position exactly as it was before.

Work in the City continued on the same lines as in the previous year and the following tables set out the figures:—

(a) *Numbers provided with dental care:*

	Examined	Needing treatment	Treated	Made Dentally fit
Expectant and Nursing mothers	114	114	114	114
Children under five ..	242	174	174	174

(b) *Forms of dental treatment provided:*

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	6	91	2	—	153	18	20	19	30
Children under five	—	178	122	—	42	—	—	—	90

Distribution of Welfare Foods.—During the year the work of the distribution of National Dried Milk, Orange Juice, Cod Liver Oil and Vitamin A. & D. Tablets to expectant and nursing mothers and to children of under school age which had previously been carried out by the Ministry of Food was transferred to the County Council, the operative date being June 28th. Every endeavour was made to provide an unbroken service and in fact all the facilities which existed under the Ministry of Food were continued under the Council's arrangements.

The main distribution centre was the Old Post Office in Cambridge at which a full-time daily service existed. Any individual making personal application with the necessary evidence of entitlement can obtain welfare foods during ordinary working hours.

In addition the foods are distributed from all the infant welfare centres in the City and most of those in the rural area. At other approved points in the latter, which are staffed on a purely voluntary basis, welfare foods can be obtained at stated times but not all welfare foods are necessarily available at all distribution points.

The main supplies at the Old Post Office are delivered by an organisation known as S.P.D. Ltd., an arrangement which existed when the work was taken over from the Ministry of Food and which operates without charge to the Council. The same organisation delivers supplies to all the distribution points in the rural area but in the City of Cambridge the Council has to undertake the transfer of supplies from the Old Post Office to each separate infant welfare centre, a local firm of carriers being employed for the purpose.

In order to carry out this work it was necessary for two full-time members and one half-time member to be added to the staff of the Health Department.

During the period of approximately six months between the taking over of the service by the County Council and the end of the year, the following quantities of welfare foods were distributed:—

National Dried Milk	..	..	..	33,394 tins
Orange Juice	..	..	..	66,723 bottles
Cod Liver Oil	..	..	..	13,268 bottles
A. & D. Tablets	..	..	..	4,208 packets

REGISTRATION OF NURSING HOMES

Once again a reduction in the actual number of nursing homes in operation took place in 1954. A small home in the rural area for chronic medical cases was closed during the year. The result was that at the end of the year there were four nursing homes in the City of Cambridge and one in the rural area providing between them 3 maternity beds and 34 medical and surgical beds as against the same number of maternity beds and 36 others at the end of 1953.

HOME NURSING

The arrangements for home nursing continued unchanged during 1954. They were fully described in the Report for the year 1952. At the end of 1954 there had been a considerable improvement in the staffing position in the City of Cambridge since there were then 9 whole-time nurses and 2 part-time nurses employed as against 6 whole-time nurses and 1 part-time nurse at the end of 1953. As the two part-time nurses gave service equivalent to that of one whole time nurse there were in fact 10 whole-time nurses though one of them devoted a considerable proportion of her time to administrative work.

In the rural area there were 33 nurses engaged part time on home nursing and combining their duties with maternity work and health visiting, with a separate superintendent doing administrative work only. The number of nurses was one less than at the end of 1953.

The following tables show the work done in the City and the rural area respectively. In the former the total number of cases was 13 less than in the previous year but the total number of visits had risen by 923. In the latter, the number of cases had risen by 18 and the number of visits by 11,622.

City

(1)	Medical (2)	Surgical (3)	Infectious Diseases (4)	Tuberculosis (5)	Maternal Complications (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year (10)	Patients included in (2)-(7) who have had more than 24 visits during the year (11)
Number of cases attended by Home Nurses during the year	1355	356	2	67	20	—	1800	879	36	238
Number of visits paid by Home Nurses during the year	22780	6234	14	1619	135	—	30782	19871	295	20166

Rural Area

(1)	Medical (2)	Surgical (3)	Infectious Diseases (4)	Tuberculosis (5)	Maternal Complications (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year (10)	Patients included in (2)-(7) who have had more than 24 visits during the year (11)
Number of cases attended by Home Nurses during the year	1809	957	70	65	68	506	3475	1073	346	539
Number of visits paid by Home Nurses during the year	40638	14829	138	1489	497	1854	59445	32491	1969	32347

The Addenbrooke's Hospital Home Care and Nursing Service scheme continued during the year on much the same lines as in previous years. The total number of Cambridgeshire patients discharged under the scheme was 210 of which 127 lived in the City of Cambridge and 83 in the rural area, a decrease in both instances as compared with the figures of the previous year.

Once again cases of appendicectomy and herniorraphy formed the largest part of the total, there having been 61 of the former and 92 of the latter from all areas including those outside the Administrative County.

THE DOMESTIC HELP SERVICE

No major changes in the work of the domestic help service took place during 1954. There was a small increase in the agreed scales of payment to domestic helps with effect from the middle of August but the nature of the increase was not such as to have any great effect on the recruitment of domestic helps. At the end of the year there were 30 whole-time and 160 part-time domestic helps in the employ of the Council as against the figures of 30 whole-time and 125 part-time at the end of 1953. It is probable that the level of whole-time domestic helps is now at a point from which it would not be wise to increase it greatly. While it may be thought that a constant supply of whole-time helps makes the work of the service easier, it does bring with it the problem of finding regular employment in suitable places for all of them and there are advantages in making

greater use of part-time help which can be employed with some degree of flexibility.

As will be seen from the following figures, there has been some falling off in the demand for home help in maternity cases and in cases of tuberculosis but it has been more than offset by an increase in the demand for help in other types of case and it is still far from easy to satisfy requirements in full. It is not at all usual for help to have to be refused altogether but there are instances where a cutting down of the time allotted to each case has to be adopted.

The following are the figures:—

Maternity (including expectant mothers) ..		274
Tuberculosis		28
Chronic sick including aged and infirm ..		357
Others		583

TUBERCULOSIS

The following figures relate to new cases of tuberculosis coming to the notice of the Medical Officers of Health by formal notification or otherwise but not including transfers from other areas during 1954:—

Age Periods	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.
0	—	—	—	—
1	1	—	—	—
2	—	—	1	1
5	1	—	1	1
10	1	5	3	2
15	10	12	1	3
20	7	9	—	—
25	14	10	1	2
35	9	4	—	—
45	7	—	2	2
55	7	—	1	—
65	2	3	—	1
75 and upwards	—	—	—	1
	59	43	10	13

In three of these cases, information was derived from sources other than formal notification, namely one each from posthumous notification, death returns of local registrars and transferable deaths notified by the Registrar General. These figures represent failures to notify during the year and are very much lower than they have been for a considerable time. In 1953 there were 16 such failures.

The figures relating to primary notifications together with the three cases just mentioned represent a great improvement over those of the previous year when there were 85 pulmonary male cases and 65 pulmonary

female cases discovered. The non-pulmonary cases remained at substantially the same level since in the previous year there were 10 non-pulmonary males and 14 non-pulmonary females.

To get a complete picture of the actual cases added to the Cambridgeshire register it is necessary to add to the above figures those cases transferred to the County from other areas. If this is done the number of pulmonary male cases placed on the notification register in 1954 was 112 as against 115 in 1953. The number of pulmonary female cases was 78 as against 88 in 1953 making a total of pulmonary cases of 190 as against 203 in 1953. The number of non-pulmonary male cases was 11 in 1954 as against 14 in 1953 and the number of non-pulmonary female cases 16 as against 15 in 1953, a total of 27 non-pulmonary cases as against 29 in the previous year. The total number of ascertained cases of tuberculosis was 217 or 15 less than the figure for the previous year.

Three new cases were admitted to Papworth for rehabilitation during 1954 making the total since the arrangement started 38.

The Chest Physician and his staff vaccinated 82 persons with B.C.G. under the Council's scheme approved by the Minister of Health in accordance with the terms of Section 28 of the National Health Service Act of 1946.

The number of visits paid by health visitors during the year to tuberculous households was 532 in the City and 1,345 in the rural area a total of 1,877 as against 1,484 in 1953.

Assistance was given by the After Care Committee to 50 patients (32 men and 18 women). Of these 31 returned to work, while 13 remained under treatment at home, 1 was still in a sanatorium, 1 had died and 4 had left the area at the end of the year. Grants varied in value from 7/7 to 27/7 weekly.

As will be seen earlier in the Report the Council was able to assist through its Domestic Help Service 28 families where a case of tuberculosis was the cause of the need.

VENEREAL DISEASES

The following figures as to attendances at the clinic at Addenbrooke's Hospital have been supplied by the Physician in Charge:—

		Male	Female	Total
Patients under treatment on January 1st, 1954	.. .. .. ..	83	80	163
Old cases re-admitted	.. .. ..	2	1	3
"First time" patients during 1954	.. ..	211	99	310
Total under treatment (including transfers from other clinics)	.. .. ..	299	181	480
Left without completing treatment	.. ..	—	—	—
Transferred to other centres	.. ..	8	6	14
Out-patient attendances:				
(a) On clinic days	.. .. ..	954	669	1,623
(b) On intermediate days	.. .. ..	37	24	61

Once again the figure for the number of new patients has risen but the four immediately post-war years had figures higher than those of 1954.

There were 18 new cases of syphilis in Cambridgeshire patients, a very considerable fall as compared with the figure for the previous year which it may be remembered was an exceptionally large one. The level is substantially the same as that in 1952.

There were 30 new cases of gonorrhoea in Cambridgeshire patients as against 44 in the previous year.

Out of 51 new cases of gonorrhoea for the whole of the area served by the clinic, 25 were in women. It has never been the case previously that the figures for the two sexes were approximately equal and once again the hope may be expressed that this indicates an increasing appreciation of the importance of investigating and if necessary treating abnormal discharges in women. It is only in this way that sources of infection will ultimately be eliminated.

There were four new cases of congenital syphilis in 1954 as compared with the figure of 18 for the previous year. All were over the age of one year and all were in females though no doubt this latter fact has no particular significance.

Nineteen contacts attended for examination during the year, approximately the same number as in 1953. Although some satisfaction may arise from the fact that three of these attended as a result of the work of health visitors or social service workers, the figure as a whole is disappointingly small and indicates that preventive measures with regard to this eminently preventable disease have still a long way to go.

MENTAL HEALTH

During 1954 there was no change in the arrangements described in the Report for the previous year.

The following figures set out details of the work of the Duly Authorised Officer and his Deputy:—

Cases Certified	81
Urgency Orders	5
Admitted under Sec. 20	89
Admitted under Sec. 21 (1)	60
Voluntary Patients	143
Temporary Patients	1
Other cases	34

The number of patients admitted under Sections 20 and 21 (1) has increased markedly as compared with the position in the previous year and this increase is offset by a considerable decrease in the number of voluntary patients. This represents a state of affairs which gives rise to some dissatisfaction. Because of the shortage of accommodation in the Mental Hospital, voluntary patients have to be refused and it is only by the making of Orders under the above two Sections that their admission can be secured. Not only does this constitute improper use of the Sections in some degree but it does negative the policy of securing as

many admissions as possible on a voluntary basis.

The work of supervision of mental defectives is carried out by the Cambridgeshire Mental Welfare Association on the Council's behalf. The same Association provides care for some of the mentally ill living in the community. The whole of the salaries of the staff appointed for these purposes is defrayed by the County Council although technically the individuals concerned are not directly employed by that body.

On the 31st December 1954 the staff consisted of two psychiatric social workers, two workers with the Diploma of Social Science and Administration and one home teacher who had previously worked at the Occupation Centre. Between them these workers gave 40 sessions per week and in addition there were a whole-time and a part-time clerk in the Association's office.

The work carried out on behalf of mental defectives has now continued for very many years and a detailed account of it need not be given except to say that the home teacher who has been mentioned above is entirely concerned with them. She endeavours to occupy in their own homes those who for one reason or another are not able to attend the Occupation Centre.

Those members of the staff concerned with the mentally ill deal with individuals whose disorder is such that they cannot be certified as persons of unsound mind. In most of the cases neither the patients themselves nor their medical attendants desire reference to a psychiatrist but the social workers do make enquiries when requested on behalf of the psychiatrists at the various hospital clinics and also give a certain amount of after-care to patients discharged from mental hospitals. It should be emphasised that everything they do is carried out with the knowledge and often at the wish of the general practitioner normally in attendance on the case if it is at all possible to consult him and the first step which is taken in cases not referred by the practitioner himself is to get into touch with him and inform him that a request for care and advice has been received from one agency or another.

While it is true that the social workers by reason of the nature of the cases with which they deal have to act independently of the psychiatrists, the view that they are taking purely independent action which might not meet with the approval of the medical profession cannot be sustained.

As an example of the type of case which comes within their purview may be mentioned a young woman who had been in a number of mental hospitals for varying periods over some years. She was referred by her own doctor largely because she was living with relatives with whom a great deal of friction was developing, a state of affairs which militated against the patient's complete recovery. The doctor felt that it was not treatment which was required but social readjustment and he asked for help in getting the patient into suitable lodgings with some supervision. As a result of her investigations the social worker considered that such a course would not be in the best interests of the patient and she was able to persuade her to see a psychiatrist at Addenbrooke's Hospital as a result of which her admission to a mental hospital on a voluntary basis was arranged.

In the course of the investigation of this case a sister living in the same house who was also an ex-mental hospital patient was found to be very unhappy and anxious to leave home. She was being treated by a different doctor with whom contact was made. As a result she was placed in a hostel where she settled down with great relief and contentment.

In another instance a married woman aged about 30 living with her husband and small son was referred by her own doctor because she had suddenly become acutely depressed and refused to go out. Her doctor felt that reference to a psychiatrist was not a sound method of dealing with the case and asked the social worker to arrange a complete change for the patient with freedom from household responsibility. It was possible to make arrangements for her to go away to a holiday home where other patients of a similar nature have been sent in the past. Had the service not been available, this patient would have had little or nothing done for her because of her doctor's unwillingness to refer her to a psychiatrist.

Similar cases are referred by relatives or friends, a part of the problem being unwillingness to consult either their own doctor or a psychiatrist and it is part of the duty of the social workers to persuade them to adopt one or other of these courses if that seems to be appropriate.

Work of this sort is very time consuming and can hardly be done by anyone with many other calls on their time such as family practitioners.

Other cases which may be described as wayfarers have no doctor and no fixed abode. It is often possible for the social workers to persuade them to register with doctors or to find accommodation suited to their needs.

Reference has been made above to the work carried out for patients discharged from the Mental Hospital. The hospital has its own psychiatric social worker but often finds it more convenient to refer cases to the Mental Welfare Association's workers. This is particularly so when these workers have had dealings with the cases before admission and there is complete co-operation between the two organisations in the matter.

The total number of cases dealt with during the year was 203 of which 120 were new referrals and 83 were those remaining on the books from previous years.

In 1954, 40 new cases of mental deficiency were considered by the Mental Health Sub-Committee of which 17 were notified by the County Education Committee, 19 by the City Committee for Education, 1 by the Police and 3 by other Local Authorities.

The method of dealing with them was:—

Admitted to Certified Institution by Order of Court		1
Petition for Certified Institution		9
Statutory Supervision		28
Voluntary Supervision		2

Of the 9 cases in which the presentation of a petition was recommended, 1 was actually admitted to a certified institution during the year, making a total of 2 with the case admitted by Order of the Court under

Section 8 of the Mental Deficiency Act. As will be seen from the succeeding paragraph the waiting list was somewhat reduced during 1954 but although the number of admissions more than counterbalanced the number of names put on the waiting list, it should be understood that for each new case a considerable period of waiting is involved and, as no case without some degree of urgency is put on the waiting list at all, the extent to which the intentions of the Mental Deficiency Acts cannot be implemented is still considerable.

The number of cases still awaiting admission at the end of 1954 was 36, or 10 less than at the end of 1953 of which 7 were in Linton Hospital and 5 in the Mental Hospital at Fulbourn.

At the end of the year there were 25 cases on licence from institutions.

The number of cases under Guardianship was 7 of whom only 2 had guardians in Cambridgeshire. Of the remaining 5, the Brighton Guardianship Society had placed 3, 1 was in a home in Surrey and 1 in a home in Oxfordshire.

The Occupation Centre continued its activities on the usual lines in 1954 and at the end of the year the total number on the roll was 62. The usual annual camp in connection with the Occupation Centre was not held in 1954 but in order to relieve the burden on parents in really urgent cases the Council arranged for six defectives to have a fortnight's holiday with Guardians chosen by the Brighton Guardianship Society, the parents paying the whole or part of the cost in appropriate cases.

BLIND PERSONS

The Home Teachers in the City of Cambridge and the rural area continued their work without any break during 1954. The number of registered blind persons showed a further increase during the year, a tendency which has now existed for some years, the number remaining on the register at the end of the year being 359 as against 344 at the end of the previous year. The following table sets out their distribution as to area and age periods.

	0-5	5-16	Over 16	Total
City	1	5	178	184
Rural Area	—	1	174	175
	1	6	352	359

Of the 352 cases of blindness over the age of 16, 307 were regarded as unemployable. There were 5 home workers and 34 employed elsewhere as well as 1 employed in a workshop for the blind. Four more were regarded as trainable and 1 was trained but unemployed.

It will be seen that there has been a reduction in the number of home workers as compared with the figure for the previous year, a state of affairs brought about by a tightening up of the conditions under which blind persons are eligible for this title.

The Home Teachers paid 1,954 visits to blind persons during the year (City 1,053; Rural area 901).

It may be remembered that it was stated in the 1953 Report that the Christmas Party that year had not been held because of anticipated difficulties caused by weather conditions but that a Party had been held in April 1954. It took place at Coleridge Secondary School in Cambridge and provided for blind persons from both the City and the rural area. Including guides, the number attending was 190. The usual blind outing was arranged in August, the destination again being Walton on the Naze. A total of 165 blind persons and guides from both the City and the rural area made the journey.

The following table shows the number of cases newly certified on Form B.D.8 during 1954 together with the action taken with regard to them:—

Number of cases registered during the year in respect of which para 7 (c) of Forms B.D.8 recommends:—	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrorenal Fibroplasia</i>	<i>Others</i>
(a) No treatment	14	5	—	26
(b) Treatment (medical surgical or optical)	3	3	—	4
Number of cases at (b) above which on follow up action have received treatment	1	3	—	4

There were no cases of retrorenal fibroplasia reported in premature infants but a total of five people blinded by glaucoma who were unsuitable for treatment has to be recorded. It may be noted that only three out of a total of 17 people blind as a result of cataract were recommended for treatment and of these only one received it. The other two were both unwilling to agree to operation.

One case of ophthalmia neonatorum was notified during the year under the Public Health (Ophthalmia Neonatorum) Regulations 1926-1937. No impairment of vision resulted.

AMBULANCE SERVICE

The following figures give details of the work of the ambulance service in 1954:—

Ambulances directly provided	..	..	..	7
Cars directly provided	..	..	..	5
Number of journeys by above				
Ambulances	..	..	..	9,829
Cars	..	..	..	4,902
Patients carried by above	..	..	..
Ambulances	..	..	..	10,268
Cars	..	..	..	8,043

Accident and emergency journeys included in above					
Ambulances	905				
Cars	109				
Mileage run by above					
Ambulances	120,890				
Cars	103,638				
Journeys by supplementary vehicles					
Ambulances	335				
Cars	14,618				
Patients carried by supplementary vehicles					
Ambulances	338				
Cars	24,341				
Accident and emergency journeys by supple- mentary vehicles					
Ambulances	29				
Cars	Nil				
Mileage run by supplementary vehicles					
Ambulances	11,722				
Cars	225,374				

The number of full time staff on December 31st, 1954 was 24.

All of these figures show increases, and in some cases very considerable increases, as compared with those of the previous year.

TABLE I.—Causes of Death at Different Periods of Life in the Administrative County of Cambridge, 1954

AGGREGATE OF URBAN DISTRICTS																AGGREGATE OF RURAL DISTRICTS															
ALL CAUSES ..	..	..	..	..	M	477	12	4	1	2	20	102	132	204	519	21	2	4	15	26	95	140	216							
1 Tuberculosis, respiratory	F	469	13	5	—	1	19	81	109	241	505	15	2	1	5	29	78	129	246								
2 Tuberculosis, other ..	..	..	..	..	M	4	—	—	—	2	—	—	—	2	3	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—
3 Syphilitic disease ..	..	..	..	..	F	3	—	—	—	1	1	1	—	—	—	1	—	—	—	—	2	1	—	—	—	—	—	—	—	—
4 Diphtheria ..	..	..	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 Whooping Cough ..	..	..	..	..	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6 Meningococcal infections ..	..	..	..	..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7 Acute poliomyelitis ..	..	..	..	..	M	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8 Measles ..	..	..	..	..	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases	M	1	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	3	—	—	—	—	—	—	—	—	—
10 Malignant neoplasm, stomach ..	..	..	..	..	F	14	—	—	—	—	6	5	3	14	—	—	—	—	—	—	1	5	5	3						
11 Malignant neoplasm, lung, bronchus ..	..	..	..	..	F	7	—	—	—	—	1	1	5	9	—	—	—	—	—	—	1	1	1	1	6					
12 Malignant neoplasm, breast ..	..	..	..	..	M	27	—	—	—	2	15	6	4	25	—	—	—	—	—	—	1	10	10	4						
13 Malignant neoplasm, uterus ..	..	..	..	..	F	5	—	—	—	1	1	2	1	7	—	—	—	—	—	—	1	6	—	—						
14 Other malignant and lymphatic neoplasms ..	..	..	..	..	M	27	—	—	—	2	13	5	7	16	—	—	—	—	—	—	2	7	2	5						
15 Leukaemia, aleukaemia ..	..	..	..	..	M	3	—	1	—	1	1	—	—	—	3	—	—	—	—	—	1	1	1	1	2	—	—	—	—	—
16 Diabetes	F	2	—	—	—	—	—	—	—	—	—	2	—	4	—	—	—	1	1	1	1	3	—	—	—	—	—
17 Vascular lesions of nervous system ..	..	..	..	..	M	95	—	—	—	—	9	30	56	70	—	—	—	—	—	—	2	7	24	37						
18 Coronary disease, angina ..	..	..	..	..	F	90	—	—	—	1	13	22	54	81	—	—	—	—	—	—	17	19	45							
19 Hypertension with heart disease ..	..	..	..	..	M	80	—	—	—	—	25	23	32	74	—	—	—	—	—	—	1	20	23	30						
20 Other heart disease ..	..	..	..	..	F	42	—	—	—	1	4	16	21	60	—	—	—	—	—	—	10	24	26							
21 Other circulatory disease ..	..	..	..	..	M	15	—	—	—	—	2	6	15	49	104	—	—	—	—	—	1	1	5	16	59					
22 Influenza ..	..	..	..	..	F	18	—	—	—	—	2	2	14	25	—	—	—	—	—	—	1	5	22	75						
23 Pneumonia ..	..	..	..	..	M	12	—	—	—	—	3	3	6	18	4	—	—	—	—	—	1	1	1	1	6	5	—	—	—	—
24 Bronchitis ..	..	..	..	..	F	17	2	—	—	—	2	5	10	15	19	—	—	—	—	—	4	8	7	8						
25 Other diseases of respiratory system ..	..	..	..	..	M	30	—	—	—	1	3	3	7	16	—	—	—	—	—	—	1	2	1	1	3	3				
26 Ulcer of stomach and duodenum ..	..	..	..	..	F	14	—	1	—	1	4	5	10	15	19	—	—	—	—	—	1	2	2	1	1	1	1	1	1	13
27 Gastritis, enteritis and diarrhoea ..	..	..	..	..	M	2	—	1	—	—	1	—	—	1	—	—	—	—	—	2	—	—	—	—	2	—	—	—	—	
28 Nephritis and nephrosis ..	..	..	..	..	F	5	—	—	—	2	—	2	1	3	—	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1
29 Hyperplasia of prostate ..	..	..	..	..	M	8	—	—	—	—	1	2	2	6	8	—	—	—	—	—	3	—	—	—	2	6	—	—	—	—
30 Pregnancy, childbirth, abortion ..	..	..	..	..	F	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
31 Congenital malformations	M	3	1	—	—	—	1	—	—	—	1	5	4	—	—	—	—	1	—	—	—	—	—	—	—	—	—
32 Other defined and ill defined diseases ..	..	..	..	..	F	4	3	—	—	—	1	5	6	13	40	13	—	—	—	—	1	1	3	8	5	9	—	—	—	—
33 Motor vehicle accidents	M	36	9	—	—	3	5	6	13	16	62	9	—	—	—	—	1	1	10	9	10	23					
34 All other accidents ..	..	..	..	..	F	47	5	4	—	1	1	7	13	16	62	9	—	—	—	—	1	3	2	4	1	5				
35 Suicide ..	..	..	..	..	M	11	1	—	—	—	1	1	1	7	20	—	—	—	—	—	1	7	2	1	4	5				
36 Homicide and operations of war ..	..	..	..	..	F	10	—	—	2	1	3	2	2	1	2	—	—	—	—	—	2	3	1	1	3	11				

